safely attached to a needle and syringe, the next one is inserted in the hole for the subsequent needle. In this manner there is always a receptor cap in place for the next needle. Because caps are tapered, the hole size is not critical.

In situations where no drawer or fixture is available, we have placed a few ounces of modeling clay on the work surface and used the same safety measures. The clay, with the cap supported in an indentation, serves the same function as the perforated can.

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Oat Bran

To THE EDITOR: We have discovered a reporting error in our article, "Oat Bran as a Cholesterol-Reducing Dietary Adjunct in a Young, Healthy Population," in the March issue.[1] The grams per day dose of oat bran listed on the last line of Table 5 (page 301) and in the first sentence of the last paragraph (page 302) should be 34 instead of 17. This change does not otherwise alter the data or study conclusions.

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REFERENCE

1. Gold KV, Davidson DM: Oat bran as a cholesterol-reducing dietary adjunct in a young, healthy population. West J Med 1988; 148:299-302

Cerebral Blood Circulation and Brain Death

To THE EDITOR: There is a neglected, far quicker, cheaper, and easier way to conclude whether or not cerebral blood circulation exists than the complex nuclear imaging procedure advocated by Drs Braunstein and Wang in the April issue.[1] All one needs is an ophthalmoscope, some tap water, and a patient without ocular cataracts.[2,3]

It is important to keep the cornea moist with a drop or two of water every 20 to 30 seconds. If circulation is stagnant, retinal arteries may be absent or very narrow. Retinal veins may be intact, but usually the venous columns are broken into clean or somewhat sludgy segments of various lengths—the so-called box car effect. The segments may be stationary or slowly moving. The movement may last only a few seconds or for several minutes, and I postulate that the interval of movement corresponds to the period of time available for resuscitation without clinical sequelae (variable for every person).[2]

If arteries and veins are intact without segmentation, active circulation can be verified by applying light fingertip pressure on the eyeball during ophthalmoscopy. The result is striking: blanched vessels with sharp pulses of blood coincident with heartbeats, traversing the arteries over the rim of the optic disc. I saw this in a stuporous patient on whom no pulse or blood pressure could be detected—counting each spurt of blood in unison with a running electrocardiogram monitored by another observer.

Such findings in one eye should be convincing evidence of the status of cerebral circulation; in both eyes, this is almost certain evidence. Here is one area where a "high-tech" approach would seem to be ostentatious and wasteful frippery, except perhaps for cases of prohibitive ocular pathology.

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2. Kevorkian J: The fundus oculi and the determination of death. Am J Path 1956; 32:253-269

3. Kevorkian J: Rapid and accurate ophthalmoscopic determination of circulatory arrest. JAMA 1957; 164:1660-1664

Correction

To THE EDITOR: I would like to note a correction needed in my epitome in the May issue.[1] As it is printed, a sentence reverses my meaning. It should read, "Detection of bronchiectasis by CT scan, though still somewhat controversial, is clearly more reliable and convincing with high-resolution scans." I would like to emphasize that high-resolution computed tomography (CT) is superior to conventional CT for bronchial as well as parenchymal detail.

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